

**Department of Health
RESIDENTIAL TREATMENT FACILITY (RTF)**

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WAC 246-337-001 Scope and purpose

- (1) This chapter is adopted by the Washington State department of health to implement the provisions of chapter 71.12 RCW to provide the minimum health and safety standards for licensure and operations of twenty-four hour non-hospital residential facilities providing for the health care of persons who receive services for a mental disorder or substance abuse.
- (2) The scope of these rules apply to facilities licensed by the Department of Health and certified by the Department of Social and Health Services under chapter 71.05 RCW, Mental Illness; chapter 70.96A RCW, Treatment for Alcoholism, Intoxication and Drug Addiction; or chapter 71.34 RCW, Mental Health Services for Minors.
- (3) Compliance with the regulations in this chapter does not constitute release from the requirements of applicable federal, state and local codes and ordinances. Where regulations in this chapter exceed other local codes and ordinances, the regulations in this chapter will apply.
- (4) This chapter does not apply to:
 - (a) Hospitals as defined in chapter 70.41 RCW;
 - (b) Private psychiatric hospitals as defined in chapter 246-322 WAC;
 - (c) Alcoholism hospitals as defined in chapter 246-324 WAC;
 - (d) State psychiatric hospitals as defined in RCW 72.23;
 - (e) Nursing homes as defined in chapter 18.51 RCW;
 - (f) Boarding homes as defined in chapter 18.20 RCW;
 - (g) Adult family homes as defined in chapter 70.128 RCW;

- (h) Christian Science establishments providing remedial care of residents or residents in accordance with the practices and principles of the Christian Science church; or
- (i) Residential facilities licensed by the Department of Social and Health Services Aging and Disability Services Administration as a shelter or private individual or group living arrangement in chapter 388-78A WAC.
- (j) Licensed In-Home service agency as defined in RCW 70.127.

WAC 246-337-005 Definitions

For the purpose of this chapter, the following words and phrases must have the following meanings unless the context clearly indicates otherwise:

1. **"Administrator"** or **"Chief Executive Officer"** means a person responsible for managing the day-to-day operation of the residential treatment facility.
2. **"Adult"** means a person age eighteen years or older.
3. **"Bathroom"** means a room containing at least one bathtub or shower.
4. **"Chemical Dependency"** means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires.
5. **"Chemical Dependency Residential Treatment Facility"** is all or part of a residential treatment facility providing twenty-four hour evaluation, stabilization and treatment services for persons with chemical dependency and certified by the DSHS Division of Alcohol and Substance Abuse under authority of chapter 70.96A RCW, according to the specific licensing service category:
 - (a) **"Intensive Inpatient Services"** (as described in chapter 388-805 WAC);
 - (b) **"Long-term Treatment Services,"** (as described in chapter 388-805 WAC);
 - (c) **"Recovery House Services,"** (as described in chapter 388-805 WAC).
6. **"Chemical Dependency Residential Treatment Facility - Detoxification"** is all or part of a residential treatment facility providing twenty-four hour evaluation, stabilization and treatment services for persons with chemical dependency and certified by the DSHS Division of Alcohol and Substance Abuse under authority of chapter 70.96A RCW, according to the specific licensing service category:

- (a) **"Acute detoxification"** (as described in chapter 388-805 WAC);
 - (b) **"Sub-acute detoxification"** (as described in chapter 388-805 WAC).
- 7. **"Child" or "Minor"** means a person under the age of eighteen, unless otherwise specified.
 - 8. **"Communicable disease"** means a disease caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water or air.
 - 9. **"Confidential"** means that information which is not disclosable except under specific conditions to be determined by law or legal agreement between the parties concerned.
 - 10. **"Construction"** means:
 - (a) The erection of a new building, all or part of which is to be used as a licensed facility;
 - (b) An addition, modification, alteration or change of an approved use to an existing facility; or
 - (c) The conversion of an existing building or portion thereof for use as a facility.
 - 11. **"DASA"** means Division of Alcohol Substance Abuse, Washington State Department of Social and Health Services.
 - 12. **"Department"** means the Washington State Department of Health.
 - 13. **"DSHS"** means the Department of Social and Health Services.
 - 14. **"Emergency health care"** means services provided consistent with the health care needs of the resident as determined by a qualified health care provider for an acute illness, injury, or unexpected clinical event.
 - 15. **"Facility"** means a building or portion of a building used as a Residential Treatment Facility.
 - 16. **"First Aid"** means care for a condition, which requires immediate assistance from an individual trained and certified in first aid procedures.
 - 17. **"Hand Hygiene"** means hand washing, antiseptic hand wash, or antiseptic hand or surgical hand antisepsis.
 - 18. **"Health"** is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.
 - (a) **"Health Assessment"** means a systematic examination of the person's body conducted by a health care professional within his/her scope of practice.
 - (b) **"Health Care"** means any care, service, or procedure provided by a health care provider to diagnose, treat, or maintain a resident's physical, mental or social condition, or that affects the structure or function of the human body.

- (c) **"Health Care Practitioner, Provider or Professional"** means an individual who: provides health care; is appointed by the health authority and administration to practice within the individuals authorized scope of practice and credential; and who is licensed, registered or certified under title 18 RCW, Business and Professions.
- (d) **"Health Care Screen"** means the process approved by an authorized health care provider to determine the health care needs of a resident.
19. **"Isolation"** means the separation or restriction of infected persons, or persons suspected to be infected, from other persons to prevent transmission of communicable disease.
20. **"Licensee"** means the person or organization to whom the department issues the Residential Treatment Facility license.
21. **"Medical Care"** means services provided to a resident by order of a Physician, Advanced Registered Nurse Practitioner, or Certified Physician Assistant.
22. **"Medication"** means a legend drug, prescribed for a resident by an authorized health care provider or non-prescription drugs, also called "Over the Counter Medications," that can be purchased by the general public without a prescription.
23. **"Medication Administration"** is the direct application of a drug by ingestion, inhalation, or injection (see RCW 18.64.011(23) by a family member, guardian, or legally authorized practitioner such as a physician, physician assistant, pharmacist, registered nurse, or licensed practical nurse.
24. **"Medication Self-Administration or Self Medication Administration"** means a process by which each resident obtains his/her container of medication from a supervised and secure storage area, removes the dose needed and ingests or applies the medication as directed on the label while being observed by staff as defined by facility policy and procedure.
25. **"Medication error"** includes any failure to administer or receive a medication according to an authorized health care provider's order, or according to the manufacturer's directions for non-prescription drugs.
26. **"Medication protocol"** means a specific group of orders to be used for specific symptoms for specific residents and authorized by a legally authorized health care provider.
27. **"Mental Health Residential Treatment Facility"** is all or part of a residential facility providing twenty-four hour evaluation, stabilization and treatment services for persons with a mental disorder and certified by the DSHS Mental Health Division under authority of chapter 71.05 or 71.34 RCW, according to the specific licensing service category:

- (a) **"Adult Residential Treatment Facility"** (as described in chapter 388-865 WAC);
 - (b) **"Inpatient Evaluation and Treatment Facility"** (as described in chapter 388-865 WAC);
 - (c) **"Child Long-Term Inpatient Treatment Facility"** (as described in chapter 388-865 WAC).
28. **"Parent"** as defined in RCW 71.34 means:
- (a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under joint custody agreement; or
 - (b) A person or agency judicially appointed as legal guardian or custodian of the child.
29. **"Resident"** means a person (adult or child) admitted to the Residential Treatment Facility licensed under this chapter.
30. **"Restraint"** means a continuum of methods used to prevent or limit free body movement.
31. **"Room"** means a space set apart by floor to ceiling partitions on all sides with all openings provided with doors or windows.
32. **"Seclusion"** means the involuntary confinement of a resident alone in a room or area from which the resident is physically prevented from leaving.
33. **"Sink"** means a properly trapped plumbing fixture, capable of holding water, with approved potable hot and cold running water under pressure.
34. **"Standard/Universal Precautions"** means a set of infection control measures, which are based upon the assumption that all body fluids, secretions, and excretions can potentially transmit infections.
35. **"Survey"** means an inspection or investigation conducted by the department to evaluate and monitor a licensee's compliance with this chapter.
36. **"Toilet Room"** means a room containing a water closet (toilet).
37. **"WISHA"** means the Washington Industrial Safety and Health Act, chapter 49.17 RCW administered by the Washington State Department of Labor and Industries.

WAC 246-337-010 Responsibilities and rights of the licensee and department

- (1) In order to obtain or maintain a license as a Residential Treatment Facility, a licensee must:
 - (a) Comply with the provisions of chapter 71.12 RCW and this chapter;

- (b) Maintain and post in a conspicuous place on the premises:
 - (i) A current facility license; and
 - (ii) The name, address and telephone number of the department, appropriate resident advocacy groups, and description of required ombudsman services as required by law;
 - (c) Provide services only for each licensing service category that appears on the facility license;
 - (d) Maintain the occupancy level at or below the licensed resident bed capacity of the facility;
 - (e) Cooperate with the department during on-site surveys and investigations;
 - (f) Respond to a statement of deficiencies by submitting to the department:
 - (i) Within ten working days of receipt, a written plan of correction for each deficiency cited that includes a target date and is subject to approval by the department; and
 - (ii) A written progress report attesting to the final completion of the plan of correction.
- (2) The department will:
- (a) Issue or renew a license when the applicant or licensee meets the requirements in chapter 71.12 RCW and this chapter;
 - (i) Provide, in writing, the service category(s) the facility is licensed to provide as allowed by this chapter;
 - (ii) Verify compliance with the Washington State Patrol Fire Marshal fire protection service's chapter 212-12 WAC;
 - (iii) Verify compliance with applicable state and local codes;
 - (b) Conduct on-site surveys and investigations, and:
 - (i) Give the administrator a written statement of deficiencies identifying rules not met pertaining to chapter 71.12 RCW and this chapter observed during an on-site survey or investigation;
 - (ii) Obtain, review, and approve written plan of correction with dates to be completed;
 - (iii) Review the progress report attesting to correction of deficiencies;
 - (iv) Conduct a follow up on-site assessment at the discretion of the department;
 - (c) Document, during an initial survey or as needed, a department-approved room list identifying resident

rooms, the dimensions and calculated square footage of each room, the number of approved bed spaces, and other information related to the licensed resident bed capacity. This room list will be kept as part of the current facility file.

WAC 246-337-015 Exemptions and alternative methods

- (1) An applicant or licensee may request an exemption from any rule in this chapter by submitting a written request to the department, including:
 - (a) The number of the specific section, or sections, of the rule from which exemption is requested;
 - (b) An explanation of the circumstances involved;
 - (c) A proposed alternative that would ensure the safety and health of residents meeting the intent of the rule; and
 - (d) Any supporting research or other documentation.
- (2) The department will grant or deny exemption requests after the department has received an exemption request with complete relevant information from the licensee. After review and consideration, the exemption may be granted if it will not:
 - (a) Negate the purpose and intent of these rules;
 - (b) Place the safety or health of the residents in the facility in jeopardy;
 - (c) Lessen any fire and life safety or infection control provision of other codes or regulations; and
 - (d) Affect the structural integrity of the building.
- (3) The exemption decision will be documented and kept as a part of the current facility file. The licensee shall maintain the documented exemption decision on file in the facility.

WAC 246-337-020 Retroactivity

Residential treatment facilities that are currently licensed and operating on the date of adoption of this chapter may continue without change to physical plant, except as is specifically covered in this chapter, or as deemed necessary by either the local building official, licensing regulators, or state fire marshal for the general safety and welfare of the occupants and public. Any new construction in a currently licensed facility shall comply with the provisions of the chapter.

WAC 246-337-025 Licensing service categories

The department assigns the following service categories that may be provided under a residential treatment facility license:

- (1) Chemical Dependency Acute Detoxification Residential Treatment Facility;
- (2) Chemical Dependency Sub-Acute Detoxification Facility;
- (3) Chemical Dependency Intensive Inpatient Residential Treatment Facility;
- (4) Chemical Dependency Long-term Residential Treatment Facility;
- (5) Chemical Dependency Recovery House Residential Treatment Facility;
- (6) Mental Health Adult Residential Treatment Facility;
- (7) Mental Health Inpatient Evaluation and Treatment Facility;
- (8) Mental Health Child Long-Term Inpatient Treatment Facilities.

WAC 246-337-030 Initial licensure and renewal process

The facility must obtain and maintain a license from the department in order to operate or advertise as a residential treatment facility. The facility may set up twenty-four-hour assigned resident beds only within the licensed bed capacity.

- (1) An applicant for an initial license must submit the following information to the department for review and approval before a license will be issued:
 - (a) Treatment program description of the categories of services the applicant plans to provide (these will appear on the license);
 - (b) A completed application on forms provided by the department, signed by the owner or legal designee, including:
 - (i) The identity of each officer and director of the corporation, if the program is operated by a legally incorporated entity, profit or nonprofit; or
 - (ii) The identity of each partner, if the program is a legal partnership; and
 - (iii) A criminal history background check and disclosure statement for those named in the application in accordance with RCW 43.43.
 - (c) Compliance with other regulations:
 - (i) Rules and regulations adopted by the Washington state fire marshal under provisions of RCW

- 71.12.485 which are found in Title 212 WAC apply;
- (ii) Compliance with these regulations does not exempt a residential treatment facility from compliance with local and state codes.
 - (d) Verification of department approved construction documents and functional program plan review;
 - (e) A reduced floor plan on letter size paper with identification of each room within the facility in a manner that is easily seen and understood;
 - (f) The license fee specified in WAC 246-337-990;
 - (g) Other information as required by the department.
- (2) At least thirty days before the expiration date of the current license, the licensee must submit the following to the department:
- (a) A completed application on forms provided by the department;
 - (b) A criminal history background check and disclosure statement for those named in the application in accordance with RCW 43.43;
 - (c) The fee specified in WAC 246-337-990;
 - (d) Compliance with the rules and regulations adopted by the Washington state fire marshal under provisions of RCW 71.12.485 which are found in Title 212 WAC apply; and
 - (e) Other information as required by the department.
- (3) A licensee, prior to changing the categories of services provided, location or use of rooms as listed on the licensed room list, or the physical structure of the facility, must:
- (a) Notify the department in writing thirty days or more before the intended change;
 - (b) Request a determination of need for review by construction review services.
- (4) At least sixty days prior to selling, leasing or renting a currently licensed facility the current licensee must submit to the department:
- (a) The full name and address of the current licensee and prospective owner;
 - (b) The name and address of the currently licensed facility and the name under which the transferred facility will operate;
 - (c) Date of the proposed change of ownership;
 - (d) Plans for preserving resident records, consistent with WAC 246-337-090; and
 - (e) Other information as required by the department.

WAC 246-337-035 Procedures to deny, suspend, modify or revoke a license

- (1) The department may deny, suspend, modify, or revoke a Facility license in accordance with RCW 43.70, chapter 34.05 RCW and chapter 246-10 WAC including any determination that the applicant(s) have:
 - (a) Been denied a license to operate a health care, childcare, group care or personal care facility in this state or elsewhere;
 - (b) Been convicted civilly or criminally of operating such a facility without a license;
 - (c) Had their license to operate such a facility suspended or revoked;
 - (d) Committed, permitted, aided, or abetted an illegal act with any Residential Treatment Facility operations;
 - (e) Demonstrated abandonment, abuse, neglect, assault, or indifference to the welfare and well-being of a resident;
 - (f) Failed to take immediate corrective action in any instance of assault, abuse, neglect, or indifference to the welfare of a resident; or
 - (g) Retaliated against a staff person, resident or other individual for reporting suspected abuse or other alleged improprieties.
- (2) An applicant or licensee may contest a disciplinary decision or action of the department according to the provisions of 43.70.115 RCW, chapter 34.05 RCW and chapter 246-10 WAC:
- (3) The department may summarily suspend a license pending proceeding for revocation or other action if the department determines a deficiency is an imminent threat to a resident's health, safety or welfare.
- (4) The department may address care that does not meet the requirements of licensure in one of the following three ways:
 - (a) A plan of correction may be required where the department determines that deficiencies are not major, broadly systemic or of a recurring nature. A plan of correction is a proposal devised by the licensee or applicant including specific actions to be taken and a timeframe to accomplish them. The department must find it acceptable. Implementation of the plan of correction is subject to verification by the department.

- (b) A directed plan of correction may be offered by the department, as an alternative to administrative action, where the department finds deficiencies are broadly systemic, recurring, or of a significant threat to resident safety or welfare. A directed plan of correction is a plan of correction that is devised at least in part by the department. It will specify how the licensee will address citations described in a statement of deficiencies. The final content of the directed plan will be reached during meetings between the department and the licensee, following an initial statement of general requirements by the department. The directed plan of correction is a plan to address deficiencies that is devised rapidly, and promptly implemented. Timelines will be reduced to the minimum necessary even prior to formalization of the plan to redress problems. Failure to move quickly, and in good faith, to address problems shall be a basis for taking administrative action.
- (c) Administrative action is a process initiated under chapter 34.05 RCW.
 - (i) An administrative action results in a hearing before a presiding officer and the issuance of formal findings and a directed order.
 - (ii) The administrative action and any resulting order constitute formal action under the provisions of 34.05 RCW.

WAC 246-337-040 Review of construction documents and functional program

- (1) The applicant or licensee must submit an application and appropriate fee to the Construction Review Services Unit, Facilities and Services Licensing, Department of Health and receive written authorization prior to beginning any new construction or remodeling.
- (2) The licensee or applicant must submit a written functional program outlining the types of residents served and how the needs of the residents will be met, including but not limited to:
 - (a) Program goals;
 - (b) Staffing; services to be provided;
 - (c) Infection control;
 - (d) Security and safety;
 - (e) Seclusion and restraint;
 - (f) Laundry;

- (g) Food and nutrition; and
 - (h) Medication.
- (3) The licensee or applicant is required to submit accurate, timely, and complete construction documents that comply with all governing rules and regulations.
- (4) Construction documents shall include:
 - (a) Drawings prepared, stamped, and signed by an architect licensed by the state of Washington as required by RCW 18.08. The services of a consulting engineer licensed by the state of Washington may be used for the various branches of the work, where appropriate; and
 - (b) Drawings with coordinated architectural, mechanical, and electrical work drawn to scale showing complete details for construction, including:
 - (i) Site plan(s) showing streets, driveways, parking, vehicle and pedestrian circulation; utility line locations, and location of existing and new buildings;
 - (ii) Dimensioned floor plan(s) with the function of each room and fixed/required equipment designated;
 - (iii) Elevations, sections, and construction details;
 - (iv) Schedule of floor, wall, and ceiling finishes;
 - (v) Schedules of doors and windows - sizes and type, and door finish hardware;
 - (vi) Mechanical systems - plumbing and heating/venting/air conditioning; and
 - (vii) Electrical systems - lighting, power, and communication/notification systems;
 - (c) Specifications that fully describe the workmanship and finishes; and
 - (d) Shop Drawings and related equipment specifications for:
 - (i) An automatic fire sprinkler system when required by other codes; and
 - (ii) An automatic fire alarm system when required by other codes.
- (5) A license will not be issued for a new facility, or changes in capacity or services for an already licensed facility, without written approval from the Department's, Construction Review Services Unit and Residential Care Services program.
- (6) The applicant or facility must:
 - (a) Comply with the standards as adopted by the Washington State Building Code Council;
 - (b) Conform to the approved plans during construction;

- (c) Submit addenda, change orders, construction change directives or any other deviation from the approved plans prior to their installation;
 - (d) Provide a written construction project completion notice to the department indicating:
 - (i) The completion date; and
 - (ii) The actual construction cost;
 - (e) Make adequate provisions for the health, safety, and comfort of residents during construction projects.
- (7) The department may issue a single license to include two or more buildings (campus), provided the applicant or facility:
- (a) Meets the licensure requirements of chapter 71.12 RCW and this chapter; and
 - (b) Operates the multiple buildings as a single integrated system with:
 - (i) Governance by a single authority or body over all buildings;
 - (ii) All services provided by an integrated staff; and
 - (iii) All buildings located on the same or adjoining properties.

WAC 246-337-045 Governance and administration

The facility must establish a governing body with responsibility for operation and maintenance of the Residential Treatment Facility. The governing body must provide organizational guidance and oversight to ensure that resources support and staff provides, safe and adequate resident care including, but not limited to:

- (1) Adopting, periodically reviewing and updating as necessary, bylaws or policies which:
 - (a) Govern the organization and functions of the facility to include:
 - (i) Scope of services including population served;
 - (ii) Written plan of operation identifying description of organizational structure;
 - (iii) Written description of resources provided to meet the needs of population to include: personnel, facilities, equipment, and supplies.
 - (b) Provide a process for communication and conflict resolution for both employees and residents; and
 - (c) Provide clear lines of authority for both management and operation of the facility.

- (2) Establishing procedures for selecting and periodically evaluating a qualified administrator to assure that he or she carries out the goals and policies of the governing body. The administrator must:
 - (a) Be qualified through appropriate knowledge, experience and capabilities to supervise and administer the services properly.
 - (b) Be available, or assure that a designated alternative who has similar qualifications is available, one-hundred percent of the time in person, by telephone or electronic pager, to carry out the goals and standards of the governing body;
- (3) Establishing written policies and procedures that implement all applicable rules, are reviewed by the governing body or designee; appropriate health authority and/or administration; kept current; located together; are made available at all times to all personnel; and are followed within the facility; and
- (4) Establishing a personnel system which assures that all employees and volunteers have personnel records which document that:
 - (a) Written job descriptions are commensurate with their responsibilities and consistent with standards for professional licensing;
 - (b) Staff are assigned, oriented, trained as necessary, supervised, monitored, and evaluated;
 - (c) Staff who provide direct resident care, direct treatment, or manage the safety of a resident are competent by training, experience and capability;
 - (d) Contract employees have current contracts clearly stating the responsibilities of both the employee and the contractor; and
 - (e) Staff having unsupervised access with residents are in compliance with WAC 246-337-055.
- (5) Establishing a facility wide approach to process design and performance measurement, assessment and improvement of resident care services in accordance with chapter 71.12 RCW and chapter 246-50 WAC including but not limited to;
 - (a) A written performance plan that is periodically evaluated and approved by the facility governing body;
 - (b) Collaborative and interdisciplinary performance improvement activities which include at least one member of the governing authority; and
 - (c) Review of services or undesirable resident health and/or safety outcomes in a timely manner.

WAC 246-337-050 Management of human resources

The licensee must ensure that residents receive health care by adequate numbers of staff that are qualified and competent to carry out their assigned responsibilities, including:

- (1) A sufficient number of personnel must be present on a twenty-four hour per day basis to meet the health needs of the residents served including managing emergency situations, crisis intervention, implementation of care/treatment plans and required monitoring activities;
- (2) Personnel must be trained and credentialed to carry out their assigned job responsibilities consistent with scope of practice, resident population characteristics and the resident's individual plan of care/treatment.
- (3) The presence of at least one individual trained in basic first aid and age appropriate cardiopulmonary resuscitation twenty-four hours per day.
- (4) Establish and maintain written policies and procedures to verify and evaluate required credentials, training, and performance evaluations for each staff person as required for his or her position. Documentation for each staff person to include, but not limited to:
 - (a) Employment application/hire date;
 - (b) Verification of experience and training;
 - (c) Current job description;
 - (d) Criminal disclosure statement and results of a Washington State Patrol background inquiry;
 - (e) HIV/AIDS training or verification;
 - (f) Current license/certification/registration (if applicable);
 - (g) Current basic first aid and age appropriate cardiopulmonary resuscitation training (if applicable);
 - (h) Current food and beverage service worker permit (if applicable);
 - (i) Current driver's license (if applicable);
 - (j) Tuberculosis screening (refer to section 060(2)(g));
 - (k) Current performance evaluation;
 - (l) Staff using restraint and seclusion procedures must receive initial and ongoing education and training in the proper and safe use of seclusion and/or restraints.
 - (m) Initial orientation and ongoing training to address the safety and health care needs of the population served.
- (5) If independent contractors, consultants, students, volunteers and trainees are providing direct or on-site

residential care, then the facility must ensure their compliance with this section (WAC 246-337-055).

WAC 246-337-055 Personnel criminal history, disclosure, and background inquiries

The licensee must ensure that all staff, independent contractors, consultants, students, volunteers and trainees with unsupervised access to residents are screened for criminal history disclosure and background requirements consistent with chapter 43.43.830 through 43.43.842 RCW.

WAC 246-337-060 Infection control

The licensee must ensure resident's care is provided in an environment that prevents the transmission of infections and communicable disease among residents, staff, and visitors including:

- (1) Implementing and maintaining an infection control program by assignment of responsibility for infection control and monitoring to a specified employee.
- (2) Maintaining an infection control program that includes adoption and implementation of written policies and procedures for:
 - (a) Washington State Department of Health's HIV and AIDS Curriculum Manual;
 - (b) Hand hygiene;
 - (c) Disinfection;
 - (d) Standard/Universal Precautions;
 - (e) Residents with poor hygiene;
 - (f) Control of blood borne pathogens in accordance with WISHA, chapter 296-823 WAC;
 - (g) Control of tuberculosis consistent with WISHA, Center for Disease Control and department guidelines.
 - (h) Exclusion of staff from work who have a communicable disease in an infectious stage;
 - (i) Isolation or cohorting (grouping) of residents when medically appropriate; and
 - (j) Environmental management and housekeeping functions.
- (3) Ensuring that staff report notifiable conditions and cooperate with public health authorities to facilitate investigation of a case, suspected case, or outbreak of a notifiable condition, consistent with chapter 246-101 WAC.
- (4) Providing the equipment necessary to implement the facility infection control policies and procedures.

- (5) Addressing chapter 246-100 WAC "Communicable and Certain other Diseases."

WAC 246-337-065 Health and safety

The licensee must protect resident health and safety by developing written policies and procedures that are consistent with the requirements of this chapter, and address:

- (1) Coordination of interagency and intra-agency services, if any; to meet/provide for resident health care needs.
- (2) The provision of medical care services.
- (3) The provision for transportation for residents is safe and in accordance with Washington State laws governing transportation.
- (4) Smoking policies and procedures.
- (5) Security to protect residents, visitors, staff and property including, but not limited to;
 - (a) Controlling access to and egress (elopement and evacuation) from the facility; and;
 - (b) Investigating, and recording all security incidents.
- (6) Reporting requirements to the Department of sentinel events, including but not limited to death, suicide, or major disruption of services through internal or external emergency events.

WAC 246-337-070 Emergency disaster plan

- (1) The licensee must ensure resident health and safety by establishing and implementing an emergency plan designed for response to internal and external emergency safety situations (e.g., disaster, fire, power failure, workplace threat, violence, medical emergency). The emergency plan shall:
 - (a) Be specific to the facility;
 - (b) Be communicated to the residents and staff;
 - (c) Be coordinated with local emergency plans;
 - (d) Address actions the facility will take if residents cannot return to the facility;
 - (e) Be posted or readily available to all staff and residents; and
 - (f) Require emergency phone numbers to be adjacent to appropriate phones.
- (2) The emergency plan must identify:
 - (a) Who is responsible for each aspect of the plan;

- (b) Procedures for accounting for all residents and staff during and after the emergency;
 - (c) How the premises will be evacuated, if necessary, and the meeting location after evacuation;
 - (d) How to address care of residents with special needs during and after an emergency;
 - (e) Provisions for emergency medications, food, clothing, shelter, heat and power;
 - (f) How family contacts will be facilitated; and
 - (g) Transportation arrangements if necessary.
- (3) The effectiveness of the emergency plan must be evaluated, including:
- (a) Review at least annually and revised as needed;
 - (b) Conduct emergency drills for residents and staff; and
 - (c) Debrief and evaluate the plan after each emergency incident or drill.
- (4) Supplies and first aid equipment shall be:
- (a) In a designated location;
 - (b) Readily available to staff during all hours of operation including during transportation of residents; and
 - (c) Specific in type and quantity according to staff and residents needs.

WAC 246-337-075 Resident rights

The licensee must establish a process to ensure resident rights are protected. This process must address how the facility will:

- (1) Inform each resident, his or her designee, parent or guardian both orally and in writing, and in a language the resident understands, all rights, treatment methods, and rules governing resident conduct.
- (2) Document that each resident received a written copy of his or her rights on or before admission.
- (3) Address use of emergency interventions such as restraint and/or seclusion, the use of special treatment interventions, restriction of rights and parameters of confidentiality.
- (4) Allow residents, their appointed representatives, parents of minors or legal guardians the right to review their files in accordance with chapter 70.02 RCW.
- (5) Ensure that each resident is treated in a manner that respects individual identity, human dignity and fosters constructive self esteem by ensuring each resident has the right to:

- (a) Be free of abuse, including being deprived of food, clothes or other basic necessities;
 - (b) Be free of restraint and/or seclusion, except as provided in WAC 246-337-110;
 - (c) Participate or abstain from social and religious activities;
 - (d) Participate in planning his or her own care and treatment that considers their own medical and/or mental health advance directives;
 - (e) Refuse to perform facility services unless agreed to by the resident, and is a part of the resident individual treatment plan, and compliant with work statutes;
 - (f) Be informed of the cost of treatment;
 - (g) Be informed in writing of the department contact information, including telephone number and mailing address;
 - (h) Be informed that the resident may file a complaint with the department regarding non-compliance with any parts of this chapter without interference, discrimination or reprisal. The resident may choose whether or not they wish to notify the facility of the complaint;
 - (i) A healthy, safe, clean and comfortable environment;
 - (j) Be protected from invasion of privacy: PROVIDED, that reasonable means may be used to detect or prevent items that may be harmful or injurious to the resident or others, from being possessed or used on the premises;
- (6) Confidentiality of treatment and personal information when communicating with individuals not associated or listed in the individual's treatment plan or confidentiality disclosure form;
 - (7) Comply with reporting requirements of suspected incidents of child or adult abuse and neglect in accordance with chapter 26.44 RCW and RCW 74.34. When suspected or alleged abuse is reported, the medical record shall reflect the fact that an oral or written report has been made to the child or adult protective services or to a law enforcement agency. Contents of the report need not be included in the clinical record;
 - (8) Account for residents allowance, earnings, and expenditures.

WAC 246-337-080 Resident care services

The licensee must develop policies and procedures to ensure that residents are provided health care and personal equipment needed to meet their health care needs including:

- (1) The provision of, or for, treatment services by the following treatment service providers:
 - (a) A health care provider, employed or contracted with the facility who is responsible for direction of all resident medical services. The health care provider's name and phone number is posted and available to staff;
 - (b) A qualified physician, advanced registered nurse practitioner or certified physician assistant who provides medical care; and
 - (c) A Registered nurse with training and experience working with adults and/or children with mental disorders or chemical dependency who is:
 - (i) Employed full or part time; and
 - (ii) Responsible for all nursing functions including:
 - (A) Approval of nursing policies and procedures;
 - (B) Supervision of procedures conducted by personnel and volunteers providing observation or care described in the facility policies and procedures; and
 - (C) Selecting, training, and evaluating personnel or volunteers providing care.
- (2) Provision for twenty-four hours per day nursing service functions, to include availability by phone, when the facility provides Mental Health Inpatient Evaluation and Treatment, Mental Health Adult Residential Treatment, Mental Health Child Long-Term Inpatient Treatment and Chemical Dependency Acute Detoxification.
- (3) Admission is limited to residents for whom a facility is qualified by staff, services, equipment, building design, and occupancy to give adequate care.
- (4) Sufficient numbers of trained personnel who are available to provide health care according to the individuals plan of care/treatment.
- (5) Access to and availability of qualified health care providers to develop and implement the resident plan of care and treatment.
- (6) Provision for, or access by referral to, health care for residents admitted to the facility including but not limited to:

- (a) Assisting residents in following all prescribed treatments, modified diets, activities or activity limitations;
 - (b) Assisting residents to keep health care appointments;
 - (c) Medication administration or assisting the resident to self-administer his or her own medication as prescribed by the resident's medical provider or hospital emergency room physician;
 - (d) Incorporating residents' health care needs and behavior into the resident's over-all plan of care/treatment; and
 - (e) Emergency medical assessment and services.
- (7) Provision is made either on the premises, through a contract laboratory or through a health care provider for services required by the resident.
 - (8) A health care screen of each resident that is to be conducted upon admission, and updated as changes occur or when additional health care needs are identified.
 - (9) A completed comprehensive health assessment and medical history that is to be conducted by a medical care provider following admission, unless a current comprehensive health assessment or review was performed and is available upon admission to facilities providing mental health or detoxification services.
 - (10) A health assessment by a health care provider, any time a resident exhibits signs and symptoms of an injury, illness or abnormality for which medical diagnosis and treatment are indicated.
 - (11) Recording of all of the above in the resident's medical record as applicable.
 - (12) Addressing how a resident who is pregnant or becomes pregnant while in care will receive appropriate pre and post natal care services or is transferred to another facility.
 - (13) Addressing how a licensee providing acute detoxification services must ensure resident health and safety including:
 - (a) A licensed nurse must be on site when a resident is receiving acute detoxification services;
 - (b) Registered nurse responsible for supervising resident care nursing services shall be on site at least four hours per week and available on-call to the licensed practical nurse; and
 - (c) Policies and procedures for acute detoxification services approved by a licensed physician, advanced registered nurse practitioner or physician assistant certified.

- (14) Addressing how licensees providing subacute detoxification services must ensure resident health and safety, including:
 - (a) Implementing policies and procedures establishing agreements with authorized health care providers or hospital that includes:
 - (i) Criteria for determining the degree of medical stability of a potential resident in a subacute detoxification facility;
 - (ii) Monitoring the resident after being admitted;
 - (iii) Reporting abnormal symptoms according to established criteria;
 - (iv) Criteria requiring immediate transfer to a hospital;
 - (v) Resident discharge or transfer criteria;
 - (b) Monitoring of residents by a staff including observing a resident for signs and symptoms of illness or trauma; and
 - (c) Assisting the resident to self-administer his or her own medication as prescribed by the resident's medical provider or hospital emergency room physician.
- (15) Addressing the action of facility personnel when medical emergencies or a threat to life arises when a physician or medical care provider is not present, including:
 - (a) Having these current policies and procedures signed by a physician, advanced registered nurse practitioner, or certified physician assistant, reviewed as needed, and at least biennially;
 - (b) How medical and related data shall be transmitted with the resident in the event of a transfer;
 - (c) Need for the notification of legal guardian or next of kin in the event of a serious change in the resident's condition, transfer of a resident to another facility, elopement, death, or when unusual circumstances occur; and
 - (d) When to summon internal or external resource agencies or persons, e.g., poison center, fire department, and police.
- (16) Addressing how the licensee must provide for each resident the personal care items, if needed, but not limited to:
 - (a) Soap, shampoo and deodorant;
 - (b) Hair grooming supplies;
 - (c) Dental care supplies;
 - (d) Shaving supplies; and
 - (e) Durable medical equipment.
- (17) Assuring that personal care items remain in good condition and have not been used by others prior to issuance unless items can be sanitized between each resident.

- (18) Storing each resident's personal care items separately:
 - (a) In a sanitary manner preventing contamination;
 - (b) Inaccessible to other residents, as appropriate; and
 - (c) Label the storage compartment or each personal care item with each resident's name when appropriate.

WAC 246-337-085 Accepting a child with a parent in treatment

The chemical dependency facility accepting a child with a parent in treatment must provide for childcare services and the services of a healthcare provider who is responsible for developing health care policies, providing consultation and monitoring the healthcare of the child. The facility shall:

- (1) Operate or arrange for child care licensed by DSHS under chapter 388-150 WAC Minimum Licensing Requirements for Child day Care Centers or chapter 388-151 WAC School-Age Child Care Center Minimum Licensing Requirements or chapter 388-155 WAC Minimum Licensing Requirements for Family Child Day Care Homes which the children will attend during treatment hours of the parent;
- (2) Allow an infant under one month of age to be cared for by the staff of the licensee to supplement care by the mother;
- (3) Allow the parent to be responsible for the care of his/her own child during the hours the parent is not in treatment, with the following conditions:
 - (a) The parent's management of the child is subject to the policies and procedures of the licensee;
 - (b) A parent may designate another resident to care for a child, if the designation is in writing and includes:
 - (i) A specified time period;
 - (ii) Any special instructions; and
 - (iii) Is signed by the parent, designee and staff member who approves of the designation.
- (4) Establish policies and procedures addressing the chronological and developmental needs of the children to be accepted;
- (5) Obtain a health history for each child prior to accepting a child of a resident;
- (6) Develop with the parent a plan of care for each child that addresses the child's health care needs including medications.

WAC 246-337-090 Food and nutrition services

The facility must ensure that nutritionally adequate and appetizing meals that meet the resident needs are stored, prepared and served in accordance with chapter 246-215 WAC. This includes:

- (1) The facility shall provide:
 - (a) Food and dietary services managed by a person knowledgeable in food services, and, when needed, consultative services provided by a registered dietician;
 - (b) Food/dairy/drink daily, supplying at least one hundred percent of the current nationally recommended dietary allowance for meals and snacks, adjusted for:
 - (i) Age, gender, development, activities and health conditions; and
 - (ii) Reasonable accommodations for cultural and religious preferences.
- (2) The facility shall provide at least three meals at regular intervals without more than fourteen hours between the last meal of the day and the first meal of the next day.
- (3) Residents less than twenty-four months of age must not be provided low fat food and dairy unless written permission of the child's parent and health care provider is given.
- (4) When modified food plans are needed for residents receiving detoxification services or have other nutritional needs, the licensee must:
 - (a) Provide modified diets, nutrient supplements and concentrates to residents as prescribed by a health care provider and planned by a dietitian;
 - (b) Limit modified meal content or frequency to no more than forty-eight hours without a health care provider's orders; and
 - (c) Notify staff of any residents with food allergies or other medical conditions, symptoms of allergic reactions to watch for, and emergency measures to take if they occur.
- (5) Sufficient time must be provided for residents to consume meals;
- (6) Ensuring food is handled in a sanitary manner, the licensee must:
 - (a) Designate at least one person having a current food and beverage service worker's permit to monitor and oversee food handling at the facility; and
 - (b) Require that all residents who do not have food and beverage worker permits, but have been medically screened and cleared to work in the kitchen, be oriented and supervised by staff with current food and

- beverage worker permits at all times when working in the kitchen.
- (7) Menus must be dated, available and conspicuously posted one week or more in advance. The facility must:
 - (a) Ensure meals and snacks to be served provide variety for adequate nutrition;
 - (b) Record changes on the menu when making substitutions of comparable nutrient value;
 - (c) Keep a record of all food served contributing to nutritional requirements; and
 - (d) Retain records of food served and menus for at least three months.
 - (8) A three-day emergency supply of food must be kept on site, which matches or is equal to the menu and is sufficient for the number of residents and staff on-site.
 - (9) All food must be prepared on site unless the licensee has a signed contract or agreement with an off-site kitchen.
 - (10) Facilities must have:
 - (a) A description of how food will be handled; and
 - (b) A written plan of action should food be in an unacceptable condition.
 - (11) Facilities must maintain enough additional food at the site in case the food is:
 - (a) Not delivered;
 - (b) Not delivered in a timely manner;
 - (c) Unacceptable because it was not the correct temperature or is no longer wholesome; or
 - (d) Lacking in basic food requirements.
 - (12) Staff must follow manufacturer's instructions in operating kitchen equipment.
 - (13) Microwave ovens must not be used for heating infant formula, food and breast milk.
 - (14) In facilities licensed for sixteen or fewer residents, the use of domestic or home-type kitchen appliances including mechanical dishwashers is allowed, provided the licensee:
 - (e) Operates appliances according to manufacturer's directions; and
 - (f) Ensures sanitization by means of temperature or chemical process.
 - (15) Facilities with more than sixteen residents must use commercial appliances.

WAC 246-337-095 Resident medical records

The licensee must ensure that medical records are maintained which document the resident's health care, including:

- (1) Development and implementation of procedures for maintaining a current medical record for each resident consistent with chapters 70.02 and 71.05.390 RCW.
- (2) Accessible for review by appropriate direct care staff, the resident and the department.
- (3) Legibly written or retrievable by electronic means.
- (4) On the licensee's standardized forms.
- (5) Recorded by the person with resident contact to include typed or legible handwriting in black ink, verified by signature or unique identifier, title, date and time.
- (6) Kept confidential.
- (7) Chronological in its entirety or chronological by sections.
- (8) Kept together to avoid loss of record contents.
- (9) Kept current with all documents filed according to facility timeline policy.
- (10) Inclusion of the following in each record:
 - (a) Resident's name, age, previous address and phone number, if any;
 - (b) Resident's receipt of notification of resident's rights/responsibilities;
 - (c) Resident's consent for services, care and treatment;
 - (d) A copy of any advance directives, powers of attorney, or letters of guardianship provided by the resident;
 - (e) Original reports, or durable, legible, direct copies of original reports on all tests, procedures, and examinations performed on or for the resident;
 - (f) Health care assessments;
 - (g) Plan of care/treatment including the names, relationship to the resident and addresses of those individuals the resident states with whom the licensee or his designee may freely communicate regarding the care of the resident with out violating the resident's right to confidentiality of treatment information.
 - (h) Dated and signed notes describing health care provided for each contact with the resident pertinent to the resident's plan of care/treatment, including but not limited to:
 - (i) Physical and psychosocial history;
 - (ii) Medication administration, medical/nursing services, and treatment provided, resident's response to treatment and any adverse reactions and resolution of medical issues;
 - (iii) Use of restraints or seclusion consistent with WAC 246-337-110;
 - (iv) Instructions or teaching provided to resident; and
 - (v) Discharge summary, including:

- (A) Concise review of resident's physical/psychosocial history;
 - (B) Condition upon discharge; and
 - (C) Recommendations for services, follow-up or continuing care.
- (11) Retaining the medical records at least six years beyond resident's discharge or death date and at least six years beyond the age of majority.
- (12) Storing the medical records to prevent loss of information and to maintain integrity of the record.
- (13) Destroying the medical records when appropriate in a manner which preserves confidentiality;

WAC 246-337-100 Plan of care/treatment

The licensee must ensure that an individual plan of care/treatment is developed and implemented for each resident based on assessment of the residents health care needs on admission and up dated as additional needs are identified during treatment that includes:

- (1) The plan of care/treatment shall be prepared by one or more staff involved in the resident's care with participation by the resident and by either his or her representative or parent or guardian when minors are involved;
- (2) An initial or provisional plan of care/treatment addressing the immediate health care needs of the resident on admission to a residential treatment facility.
- (3) A discharge (aftercare) plan when resident will require less than fourteen-day treatment, if appropriate; and
- (4) A comprehensive plan of care/treatment developed by participants providing health care to the resident including but not limited to addressing:
 - (a) Health care needs;
 - (b) Implementation, modifications and review of plan of care/treatment documented in the plan of care/treatment and medical record;
 - (c) Needs of a mother and child during pregnancy and after delivery, if applicable;
 - (d) Work assignments given to residents as part of their treatment, if applicable; and
 - (e) Discharge needs.

WAC 246-337-105 Medication management

The licensee is responsible for the control and use of all medications used by residents within the facility whether administered or self administered, including:

- (1) Ensuring policies and procedures and medication protocols are developed, approved, and reviewed by medical care staff, administration and pharmacist (as needed). The policies and procedures are consistent with the Department of Health, Board of Pharmacy and address all aspects of medication management including:
 - (a) Timely procurement;
 - (b) Medication administration/self administration;
 - (c) Prescribing;
 - (d) Proper storage conditions addressing security, safety, sanitation, temperature, light, moisture and ventilation;
 - (e) Use of non-prescription drugs:
 - (i) Formulary;
 - (ii) Parameters of use;
 - (f) Receipt and proper labeling;
 - (g) Disposal;
 - (h) Resident owned medication brought into facility;
 - (i) Accountability;
 - (j) Starter supply of psychotropic, detoxification and emergency drugs not for a specific resident;
 - (k) Emergency allergy response kit of prepackaged medications and supplies for the treatment of anaphylactic shock; and
 - (l) Medications for short term authorized absence (pass) from the facility.
- (2) Establishment and maintenance of an organized system that ensures accuracy in receiving, transcribing and implementing procedures for the administration or self-administration of all medication. The outcomes of medication administration or self administration are within residents capability, staffs scope of practice or authority, and that residents receive the right:
 - (a) Drug;
 - (b) Time;
 - (c) Route;
 - (d) Dose; and
 - (e) Reason.
- (3) Documentation of all medications administered or self administered shall minimally include:
 - (a) Name;
 - (b) Start/stop date;
 - (c) Time;

- (d) Route;
 - (e) Staff/resident initials indicating medication was administered, self administered or issued;
 - (f) Notation if medication was refused, held, wasted or not administered;
 - (g) Allergies;
 - (h) Resident response for medication when given as necessary or as needed (PRN);
 - (i) Medical staff notification of errors, adverse effects or side effects; and
 - (j) Being given within parameters established for non-prescription drugs.
- (4) Written orders must be signed by a health care provider with prescriptive authority for all legend drugs and vaccines. Verbal orders for legend drugs and vaccines shall be authenticated by the prescriber as soon as possible but in at least seven days.
 - (5) Use of non-prescription drugs are self administered:
 - (a) Within parameters established for non-prescription drugs; and
 - (b) According to established formulary.
 - (6) Having a current drug reference readily available for use by facility staff.

WAC 246-337-110 Use of seclusion and restraint

Any facility that utilizes restraint or seclusion must ensure that restraint or seclusion is performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, the resident's chronological and developmental age, size, gender, physical, medical and psychiatric condition, and personal history, including:

- (1) The licensee must only use seclusion or restraint in emergency situations needed to ensure the resident's physical safety, and when less restrictive measures have been found to be ineffective to protect the resident or others from harm.
- (2) Seclusion and restraint procedures must be implemented in the least restrictive manner possible in accordance with a written modification to the resident's plan of care/treatment and discontinued when the behaviors that necessitated the restraint or seclusion are no longer in evidence.
- (3) "Whenever needed" or "as needed" (PRN), orders for use of seclusion or restraint are prohibited.

- (4) A physician or authorized health care provider must authorize use of the restraint or seclusion within one hour of initiating the restraint or seclusion.
- (6) Each order of restraint or seclusion is limited in length of time to:
 - (a) **Adults:** four hours;
 - (b) **Children and adolescents ages nine to seventeen:** Two hours; and
 - (c) **Children under nine years of age:** One hour.
- (7) A physician or an authorized health care provider may only renew the original order in accordance with these limits for up to a total of twenty-four hours.
- (8) Before the restraint or seclusion may exceed twenty-four hours, a licensed physician must examine the resident. This procedure must be repeated for each subsequent twenty-four hour period of restraint or seclusion.
- (9) Within one hour of initiation of restraint or seclusion, a physician or clinically qualified licensed nurse must conduct a face-to-face assessment of the physical and psychological well being of the resident.
- (10) The resident's clinical record must include the following documentation should restraint or seclusion be used:
 - (a) Order for the restraint or seclusion including name of the physician or authorized health care provider authorizing restraint or seclusion;
 - (b) Date/time order obtained;
 - (c) The specific intervention ordered including length of time and behavior that would terminate the intervention;
 - (d) Time restraint or seclusion began and ended;
 - (e) Time and results of one hour assessment;
 - (f) Resident behavior prior to initiation of restraint or seclusion;
 - (g) Any injuries sustained during the restraint or seclusion; and
 - (h) Post intervention debriefing with resident to discuss precipitating factors leading to the need for intervention.
- (11) Safety health checks must be conducted and documented at a minimum of every fifteen minutes, to include:
 - (a) Behavior;
 - (b) Food/nutrition offered;
 - (c) Toileting; and
 - (d) Physical condition.
- (12) Staff shall continuously observe and monitor residents in seclusion or restraint by an assigned staff member (face-to-face) or by staff using both video and audio equipment.

- (13) Staff involved in the restraint or seclusion will debrief and address effectiveness and safety issues.
- (14) The licensee must ensure that restraint and seclusion is carried out in a safe environment. This room must:
 - (a) Be designed to minimize potential for stimulation, escape, hiding, injury, or death;
 - (b) Have a maximum capacity of one patient;
 - (c) Have a door that opens outward;
 - (d) Have a staff-controlled, lockable, adjoining toilet room;
 - (e) Have a minimum of three feet of clear space on three sides of the bed; and
 - (f) Have negative pressure with an independent exhaust system with the exhaust fan at the discharge end of the system.
- (15) Restraint equipment shall be clean and in good repair.

WAC 246-337-115 Cleaning, maintenance and refuse disposal

The licensee must ensure that the facility, equipment and furnishings are safe, sanitary, and maintained in good repair. The facility shall provide for:

- (1) Sanitary disposal and collection of garbage and refuse, by including:
 - (a) Use of noncombustible waste containers in resident rooms and common use areas;
 - (b) Containers constructed of non-absorbent material, which are water-tight and covered, adequate to store garbage and refuse generated by the facility;
 - (c) A storage area location convenient for resident and staff use;
 - (d) Area or containers that are cleaned and maintained to prevent:
 - (i) Entrance of insects, rodents, birds, or other pests;
 - (ii) Odors; and
 - (iii) Other nuisances;
 - (e) Garbage and waste containers are emptied frequently to prevent hazards and nuisances.
- (2) Management of biohazardous and non-medical waste in accordance with applicable federal, state and local regulations, including the use of appropriate containers and collection/disposal services if infectious wastes are generated.
- (3) A locked housekeeping room on each level of the facility that is equipped with:

- (a) A utility sink or equivalent means of obtaining and disposing of mop water separate from food preparation and service areas; and
 - (b) Storage for cleaning supplies and wet mops which is mechanically ventilated to the outside as per standards adopted by the state building code council, chapter 51-13 WAC.
- (4) Adequate storage space for:
- (a) Clean or soiled equipment and linens;
 - (b) Lockable, shelved storage for cleaning supplies, disinfectants and poisonous compounds; and
 - (c) Separate, locked storage for flammable materials or other fire and safety hazards.
- (5) A safe and cleanable area is designated for pouring stock chemicals and cleaning supplies into separate, properly labeled containers if stock chemicals are used.
- (6) An effective pest control program so that the facility is free of pests such as rodents and insects.

WAC 246-337-120 Physical plant, environment, and space requirements

The licensee must ensure that the facility structure, exterior grounds and component parts such as, but not limited to fences, equipment, outbuildings and landscape items are, safe, clean, and maintained in good repair, including:

- (1) The facility shall be located on a site which is:
- (a) Free of standing water; and
 - (b) Accessible by emergency vehicles on at least one street or driveway usable under all weather conditions and free of major potholes or obstructions.
- (2) Systems for routine preventative maintenance program shall be developed including:
- (a) Heating ventilation and air conditioning, plumbing and electrical equipment;
 - (b) Certification and calibration of biomedical and therapeutic equipment; and
 - (c) Documentation of all maintenance.
- (3) Rooms shall be provided for dining, multipurpose, counseling, therapy and social activities, including:
- (a) In new construction at least forty square feet per resident for the total combined area which is utilized for dining, social, educational, recreational activities and group therapies;
 - (b) A ceiling height of at least seven and one-half feet over the required floor area throughout the facility;

- (c) At least one private area for visitation of residents and guests;
 - (d) Therapy rooms for individual and group counseling that maintain visual and auditory confidentiality in the ratio of at least one room per twelve residents; and
 - (e) A medical examination room, when there is routine physical examination of residents within the facility. The examination room shall be equipped with:
 - (i) An exam table with at least three feet of space on two sides and end of the table for staff access;
 - (ii) An examination light;
 - (iii) Storage units for medical supplies and equipment;
 - (iv) A Hand washing sink;
 - (f) Dining room(s) or area(s) are large enough to accommodate all residents at a single sitting or in no more than three shifts. If the space is used for more than one purpose, that space must be designed to accommodate each of the activities without interference with one another.
- (4) Equip stairways with more than one riser and ramps with slopes greater than one in twenty with handrails on both sides. Ends of handrails are designed in a manner that eliminates a hooking hazard.
 - (5) School facilities, excluding childcare, serving residents on the same grounds as the facility must meet all requirements for health and safety and comply with chapter 246-366 WAC - Primary and Secondary Schools.
 - (6) The facility shall provide diaper changing areas when applicable that are:
 - (a) Located directly next to a sink used for hand washing;
 - (b) On washable flooring that is moisture resistant and that extends at least two feet surrounding the diaper change and hand washing area;
 - (c) Separated from bottle and food preparation areas; and
 - (d) Equipped with a diaper-changing table with a safety rail at least four inches above the pad or mattress, which is moisture resistant and sanitized after each use.
 - (7) Provide a safe environment in all areas for children when applicable including:
 - (a) Development of policies and procedures addressing supervision and monitoring of children to prevent access to open windows;

- (b) Storing disinfectants, poisonous compounds, aerosol containers and items bearing warning labels in a secure area and inaccessible to children;
 - (c) Prohibiting smoking in all areas when children are present;
 - (d) Prohibiting baby walkers with wheels;
 - (e) Preventing water accidents by:
 - (i) Requiring direct and continuous adult presence and supervision when children less than six years of age are being bathed;
 - (ii) Preventing child access to hot tubs, spas, or equivalent;
 - (iii) Complying with chapter 246-260 WAC, when a swimming pool, spa, or wading pool are used;
 - (iv) Providing constant adult supervision whenever children or residents are participating in water recreation activities; and
 - (v) Emptying, cleaning and sanitizing portable wading pools daily.
 - (f) Providing a shaded or covered outdoor area large enough to provide adequate space for the activity being conducted when the outdoor temperature is ninety-five degrees Fahrenheit or higher.
- (8) The facility shall provide when applicable:
- (a) A safe and securely fenced or department approved, enclosed play area directly adjoining the facility or reachable by a safe route and method;
 - (b) Fencing, when required, at least four feet high and designed in a manner that discourages climbing;
 - (c) Arranged, constructed, and maintained equipment and protective floor or ground cover designed to prevent or minimize child injury; and
 - (d) A variety of play equipment that offers the child a range of indoor and outdoor play options.

WAC 246-337-125 Toilet rooms and bathrooms

The licensee must ensure that private or common-use toilet rooms and bathrooms are available to residents including:

- (1) Provision for a minimum of one toilet (water closet) and hand washing sink for every eight residents, or fraction thereof. Urinals may count for up to one third of the required toilets in a male-only toilet room.
- (2) A toilet and hand washing sink in, or immediately assessable from each bathroom approved for construction, including remodeling after January 1, 2004; and

- (3) A minimum of one bathing fixture for every eight residents.
- (4) Rooms containing more than one water closet, or more than one bathing facility must:
 - (a) Be designated for use by one gender, unless it is a toilet specifically designated for children under the age of six years;
 - (b) Provide for privacy during toileting, bathing, and dressing through the use of doors or dividers,
- (5) Each toilet room and bathroom must be equipped with:
 - (a) Water resistant, smooth, easily cleanable, slip-resistant bathtubs, showers, and floor surfaces;
 - (b) Washable walls to the height of splash or spray;
 - (c) Washable cabinets and counter tops;
 - (d) Plumbing fixtures designed for easy cleaning;
 - (e) Clean, nonabsorbent toilet seats free of cracks;
 - (f) Grab bars installed at each water closet and bathing fixture;
 - (g) Shatter resistant mirrors when appropriate;
 - (h) Adequate lighting for general illumination;
 - (i) One or more hand washing sinks with soap and single use or disposable towels with a mounted paper towel dispenser, unless a blower or equivalent hand-drying device is located adjacent to the sink;
 - (j) Toilet tissue with a reachable mounted tissue dispenser by each toilet.
- (6) Reasonable access to bath and toilet rooms must be provided by:
 - (a) Locating a toilet room and bathing facility on the same floor or level as the sleeping room of the resident; and
 - (b) Providing access without passage through any food preparation area or from one bedroom through another bedroom.
- (7) When a toilet room or bathing facilities adjoins a bedroom, the facilities are restricted to use by those residents residing in the adjoining bedrooms.
- (8) There shall be a barrier-free toilet and hand washing facility for visitors.
- (9) A "child height" (small) flushable toilet or standard height flushable toilet with a toilet seat insert, or potty-chair may be used for toileting.

WAC-246-337-130 Water supply, sewage and waste disposal

The licensee must ensure that water supply and waste disposal

meet the provisions of chapter 246-290 WAC, group "A" water supply, or chapter 246-291 WAC, group "B" water supply;

- (1) Maintain tempered water between one hundred and one hundred-twenty degrees Fahrenheit in resident areas.
- (2) Maintain the plumbing systems free of cross connections.
- (3) Assure all sewage and waste water drain into a public sewer system or meet chapter 246-272 WAC, chapter 173-240 WAC and local ordinances.

WAC 246-337-135 Heating, ventilation and air conditioning

- (1) The licensee must ensure that all rooms used by residents are provided with equipment able to maintain interior temperatures between sixty-five degrees Fahrenheit and seventy-eight degrees Fahrenheit year round.
- (2) In new construction, direct evaporative coolers shall not be used for cooling. In existing facilities, no new or replacement evaporative coolers shall be used after adoption of these rules. Facilities currently using direct evaporative coolers (swamp coolers) shall follow manufacturer's instructions and have a written and implemented preventive maintenance program.
- (3) All areas of the building must be ventilated to prevent excessive odors and moisture. The ventilation system must be in compliance with the Ventilation and Air Quality Act according to chapter 51-13 WAC. Facilities licensed prior to July 1991 may continue to use windows for ventilation of toilet rooms, bathrooms, and janitor rooms when equipped with sixteen gauge mesh screens.
- (4) Use of portable space heaters is prohibited unless approved by the Washington State fire marshal.

WAC 246-337-140 Lighting, emergency lighting, and electrical outlets

The licensee must ensure that lighting, emergency lighting and electrical outlets are adequate and safe including:

- (1) Safe light fixtures must be provided by protecting against light bulb breakage by using appropriately fitted shields, bulbs, or tubes manufactured with shatter resistant materials in all areas occupied by residents and in medication and food preparation areas.
- (2) Each room or area occupied by children under age five or residents with unsafe behaviors must have tamper resistant electrical outlets.

- (3) Each electrical outlet within six feet of a sink or wet area must be of the ground fault interrupter type or be controlled by a ground fault circuit interrupter.
- (4) Provide emergency lighting with battery backup on each floor or an approved emergency generator.
- (5) Provide operable exterior lighting with solar or battery backup at the exit and entry doors.

WAC 246-337-145 Laundry

The licensee must ensure that laundry facilities, equipment, handling and processes ensure linen and laundered items provided to residents are clean, in good repair and adequate to meet the needs of residents including:

- (1) The licensee must provide laundry and linen services on the premises, or by commercial laundry.
- (2) The licensee must handle, clean, and store linen according to acceptable methods of infection control. The licensee must:
 - (a) Provide separate areas for handling clean laundry and soiled laundry;
 - (b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;
 - (c) Ensure areas where clean laundry is stored are not exposed to contamination from other sources;
 - (d) Ensure all staff wears appropriate personal protective equipment and use appropriate infection control practices when handling laundry;
 - (e) Ensure that damp textiles or fabrics are not left in machines overnight;
 - (f) Ensure that gross soil is removed before washing and proper washing and drying procedures are used; and
 - (g) Ensure that contaminated textiles and fabrics are handled with minimum agitation to avoid contamination of air, surfaces and persons.
- (3) The licensee must use and maintain laundry equipment according to manufacturers instructions.
- (4) The license must use washing machines that have a continuous supply of hot water with a temperature of 140 degrees F., or that automatically dispense a chemical sanitizer and detergent or wash additives as specified by the manufacturer, whenever the licensee washes:
 - (a) Licensee's laundry;
 - (b) Licensee's laundry is combined with resident' laundry into a single load; or

- (c) More than one resident's laundry is combined into a single load.
- (5) The licensee or a resident washing an individual's resident's personal laundry, separate from other laundry, may wash the laundry at temperatures below one hundred-forty degrees Fahrenheit provided chemicals suitable for low temperature washing at proper use concentration and according to the cleaning instructions of the textile, fabric or clothing are used.
- (6) The licensee must ventilate laundry rooms and areas to the exterior including areas or rooms where soiled laundry is held for processing by off-site commercial laundry services.
- (7) The licensee must locate laundry equipment in rooms other than those used for open food storage, food preparation or food service.
- (8) If the licensee provides a laundry area where residents may do their personal laundry, the laundry area must be arranged to reduce the chances of soiled laundry contaminating clean laundry and equipped with:
 - (a) A utility sink;
 - (b) A table or counter for folding clean laundry; at least one washing machine and one clothes dryer; and mechanical ventilation to the exterior.

WAC 246-337-150 Resident rooms, furnishings and storage

The facility shall ensure that residents have an accessible, clean, well-maintained room with sufficient space, light, and comfortable furnishings for sleeping and personal activities including, but not limited to:

- (1) Sleeping rooms designed to provide at least a three-foot clear access aisle from the entry door, along at least one side of each bed, and in front of all storage equipment.
- (2) If multiple bunk beds are used, a minimum access aisle of five feet shall be provided between bunks.
- (3) Room identification and resident capacity per sleeping room consistent with the department approved room list and evacuation floor plan.
- (4) Direct access to a hallway, living room, lounge, the outside, or other common use area without going through a laundry or utility area, a bath or toilet room, or another resident's bedroom.
- (5) Each sleeping room having one or more outside windows that:
 - (a) Is easily opened if necessary for fire exit or ventilation;

- (b) Is marked with a solid color or barriers to prevent residents from accidentally walking into them if clear glass windows or doors extend to the floor;
 - (c) Has adjustable curtains, shades, blinds, or equivalent installed at the windows for visual privacy; and
 - (d) Is shatterproof, screened, or of the security type as determined by the resident needs.
- (5) Sleeping rooms equipped with:
- (a) One or more noncombustible waste containers.
 - (b) An individual towel and washcloth rack or an equivalent method to provide clean towels and washcloths. Clean towels are to be in good repair, and provided as necessary to maintain cleanliness.
 - (c) Storage facilities for storing a reasonable quantity of clothing and, when requested by the resident, storage in a lockable drawer, cupboard, locker, or other secure space somewhere in the building.
 - (d) Furniture appropriate for the age and physical condition of each resident, must be provided, including:
 - (i) A chair, which may be used in either the bedroom or a group room interchangeably;
 - (ii) A bed of appropriate size equipped with:
 - (A) A mattress that is clean, in good repair, and fits the frame;
 - (B) One or more pillows that are clean, and in good repair for each resident over two and one half years;
 - (C) Bedding that includes a tight fitting sheet or cover for the sleeping surface; and a clean blanket or suitable cover; and
 - (D) Bedding that is in good repair, changed weekly or more often as necessary to maintain cleanliness.
 - (iii) A bed thirty-six or more inches wide for adults and appropriate size for children, spaced thirty-six inches apart;
 - (iv) A single level non-stacking crib, infant bed, bassinet or play pen for children twenty-four months and younger meeting RCW 70.111 Infant Crib Safety Act, and including:
 - (A) Sleep equipment having secure latching devices; and
 - (B) A mattress that is:
 - (i) Snug fitting to prevent the infant from becoming entrapped between the mattress and crib side rails;

- (ii) Waterproof and easily sanitized; and
 - (iii) Free of crib bumpers, stuffed toys or pillows.
- (v) A youth bed or regular bed for children twenty-five months and older.
- (vi) If bunk beds are used, children six years of age or less are prohibited from utilizing the upper bunk;

WAC 246-337-155 Pet management and safety

- (1) The licensee must ensure the health and safety of residents and all service animals, therapy animals, and pets when allowed on the premises.

WAC 246-337-990 Licensing fees

A facility licensed under chapter 71.12 RCW shall submit the following fees to the department:

- (1) Administrative processing and application fee for a new license, or change of ownership, of one-hundred fifty dollars;
- (2) A late fee of twenty-five dollars per day past renewal date not to exceed five hundred dollars, from the renewal date (which is thirty days before the current license expiration date) until the date of mailing the fee, as evidenced by the postmark.
- (3) An annual fee of one hundred thirty-two dollars and ten cents for each licensed bed space within the licensed bed capacity of a:
 - (a) Chemical Dependency Acute Detoxification Residential Treatment Facility;
 - (b) Chemical Dependency Sub-Acute Detoxification Facility;
 - (c) Chemical Dependency Intensive Inpatient Residential Treatment Facility;
 - (d) Chemical Dependency Long-term Residential Treatment Facility;
 - (e) Chemical Dependency Recovery House Residential Treatment Facility;
 - (f) Mental Health Adult Residential Treatment Facility;
 - (g) Mental Health Inpatient Evaluation and Treatment Facility.
- (4) An annual fee of eighty-eight dollars and forty cents for each bed space within the licensed bed capacity of a Mental Health Child Long-Term Inpatient Treatment Facilities.

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